

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	4

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

12906.35

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

04/02/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

2166.44

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4332.88

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

2166.44

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6499.32

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1059.06

(a) SUBTOTAL of Itemized Independent Expenditures

4509.39

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 30**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

1235.57

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Brian Barnett

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

739.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

862.40

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

422.91

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
China Barton

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
128 College Park Circle

Amount

123.20

City State Zip Code
North Little Rock AR 72114Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Joshua Brown

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
906 W. Myrtle St., Apt D2

Amount

123.20

City State Zip Code
Cabot AR 72023Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Joshua Brown

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
906 W. Myrtle St., Apt D2

Amount

123.20

City State Zip Code
Cabot AR 72023Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

694.53

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

719.53

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

896.04

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

921.04

Full Name (Last, First, Middle Initial) of Payee

Anderson Coleman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Anderson Coleman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Crown Plaza

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

735.90

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2649.98

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2674.98

(a) SUBTOTAL of Itemized Independent Expenditures

310.08

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2893.16Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2918.16Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City State Zip Code
Little Rock AR 72203Purpose of Expenditure
HousingCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1142.08Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

276.62

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
Hardin Rd

Amount

116.51

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1258.59

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
Hardin Rd

Amount

138.14

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1396.73

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1430.17

(a) SUBTOTAL of Itemized Independent Expenditures

288.09

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2399.98Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2618.16Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Adrina Jennings

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
722 W. 47th St

Amount

123.20

City State Zip Code
North Little Rock AR 72218Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 739.20Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

559.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

Full Name (Last, First, Middle Initial) of Payee

Steve Karbowski

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

4195 West 22nd St

Amount

176.51

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1510.57

Full Name (Last, First, Middle Initial) of Payee

Steve Karbowski

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

4195 West 22nd St

Amount

25.00

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1535.57

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1712.08

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1737.08

Full Name (Last, First, Middle Initial) of Payee
Jacob Kaufman

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
16 Buttermilk Rd

Amount

176.51

City
Little RockState
ARZip Code
72227Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1235.57

(a) SUBTOTAL of Itemized Independent Expenditures

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jacob Kaufman

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
16 Buttermilk Rd

Amount

176.51

City State Zip Code
Little Rock AR 72227Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1412.08Full Name (Last, First, Middle Initial) of Payee
Henry Miller

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1000 E. 9th St

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 616.00Full Name (Last, First, Middle Initial) of Payee
Henry Miller

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1000 E. 9th St

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 739.20

(a) SUBTOTAL of Itemized Independent Expenditures

422.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Christine Murrell

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1010 Wolfe St Apt 506

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Christine Murrell

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1010 Wolfe St Apt 506

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 369.60Full Name (Last, First, Middle Initial) of Payee
Tony Orr

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
28 Bentley Circle

Amount

123.20

City State Zip Code
Little Rock AR 72210Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 369.60Full Name (Last, First, Middle Initial) of Payee
Tony Orr

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
28 Bentley Circle

Amount

123.20

City State Zip Code
Little Rock AR 72210Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 492.80

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
William Otterpohl

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
302 East Roosevelt Rd

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Stephen Pearison

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
3605 Meadowlake Dr

Amount

123.20

City State Zip Code
Bryant AR 72022Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ryan Revis

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1606 S. Commerce St

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 616.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

1606 S. Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1485.57

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1510.57

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City
DenverState
COZip Code
90218Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1687.08

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City
DenverState
COZip Code
90218Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1712.08

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

800 Broadway

Amount

43.00

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

106.30

(a) SUBTOTAL of Itemized Independent Expenditures

244.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address
800 Broadway

Amount

City
Little RockState
ARZip Code
72202

34.00

Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

140.30

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address
440 Rocky Springs Dr

Amount

City
BlacklickState
OHZip Code
43004

202.50

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2072.50

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address
440 Rocky Springs Dr

Amount

City
BlacklickState
OHZip Code
43004

25.00

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2097.50

(a) SUBTOTAL of Itemized Independent Expenditures

261.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

202.50

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2300.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2325.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
302 E. Roosevelt

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

350.70

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
302 E. Roosevelt

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City State Zip Code
Ward AR 72176Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1059.06Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City State Zip Code
Ward AR 72176Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1235.57Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

476.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 / 30

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

488.00

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

513.00

Full Name (Last, First, Middle Initial) of Payee

Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

12309 Chenal Parkway

Amount

167.71

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Office supplies

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

167.71

(a) SUBTOTAL of Itemized Independent Expenditures

217.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Staples

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
12309 Chenal Parkway

Amount

98.88

City State Zip Code
Little Rock AR 72211Purpose of Expenditure
Office suppliesCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 266.59Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Staples

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
12309 Chenal Parkway

Amount

181.37

City State Zip Code
Little Rock AR 72211Purpose of Expenditure
Office suppliesCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 447.96Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Sturbridge Shell

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
10100 Rodney Parham Rd

Amount

10.00

City State Zip Code
Little Rock AR 72227Purpose of Expenditure
GasCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 10.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

290.25

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

357.93

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

10.88

City
TampaState
FLZip Code
33336Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

368.81

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

20.55

City
TampaState
FLZip Code
33336Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

389.36

(a) SUBTOTAL of Itemized Independent Expenditures

216.79

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

24.15

City
TampaState
FLZip Code
33336Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

413.51

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

32.35

City
TampaState
FLZip Code
33336Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

445.86

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

470.86

(a) SUBTOTAL of Itemized Independent Expenditures

81.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

656.22

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

681.22

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address

3804 W. Capitol Ave

Amount

123.20

City
Little RockState
ARZip Code
72205Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

369.60

(a) SUBTOTAL of Itemized Independent Expenditures

333.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
3804 W. Capitol Ave

Amount

123.20

City State Zip Code
Little Rock AR 72205Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

81.27

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3374.47Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3488.17Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

318.17

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3541.75

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

81.27

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3623.02

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3736.72

(a) SUBTOTAL of Itemized Independent Expenditures

248.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

53.58

Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 3790.30Full Name (Last, First, Middle Initial) of Payee
Aaron Watkins

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0Mailing Address
100 Dennison St. Apt 3

Amount

123.20

City State Zip Code
Little Rock AR 72210Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 739.20Full Name (Last, First, Middle Initial) of Payee
Aaron Watkins

Date

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0Mailing Address
100 Dennison St. Apt 3

Amount

123.20

City State Zip Code
Little Rock AR 72210Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 862.40

(a) SUBTOTAL of Itemized Independent Expenditures

299.98

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **30 / 30**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
David Welsh

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Mailing Address
5121 Old Congo Rd.

Amount

123.20

City	State	Zip Code
Benton	AR	72019

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee
David Welsh

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Mailing Address
5121 Old Congo Rd.

Amount

123.20

City	State	Zip Code
Benton	AR	72019

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

616.00

(a) **SUBTOTAL** of Itemized Independent Expenditures

246.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

13530.66